SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery 6 ~29
	C. Signature X Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1? Yes
mr. Lester Heitke, Mayoe	one of the galdren person in No
city of willman	I I K E WE I V E I I I
City Hall	JUL 0 2 2009
333 6+h St. S.W.	3. Service Type
Willman, MN 50201	□ RedutereENVIRONAFASTAL for Merchandise □ InspROTECTION @GENCY
CWA-05-2009-0005	
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7004 3510 0001 9556 1554	
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424	